

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

5108215A0004

Date In: 10/05/2021 16:25	Job description	Date & Time Completed	Done by:
Ref No: NBR/PC2100565914	SAS e-filing		
Veh No: YP 561 Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A : 06/05/2021 09:35	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: —	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:
( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: —

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	10/05/2021 16:25 (SGT)
Date of Accident	06/05/2021 09:35 (SGT)
Exact Location of Accident	1 Scotts Rd, Singapore 228208
Additional Location Information	B1 (LOADING BAY)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5611Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIBAN ENTERPRISE PTE LTD
Company Reg No	2XXXXX164K
Email Address	junhee.lim@liban.com.sg
Mobile Phone No	(Phone) +65-87882606
Alternative Phone No	(Office) +65-62231171

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z21VC05006839
Cover Note Number	-

#### DRIVER

Name of Driver	LIM YIAT CHYE
NRIC No	SXXXX594C

Date Of Birth .....	01/08/1948
Occupation .....	Outdoor
Date Of Driving Pass .....	16/02/1966
Driving experience .....	55 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87882606
Alt. Phone Number .....	-
Email Address .....	junhee.lim@liban.com.sg
Address .....	BLK 126B EDGEDALE PLAINS #03-354
Address complement .....	-
Postcode .....	822126
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LAW TIAN HOCK
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No



## SKETCH PLAN

### IMPORTANT NOTICE

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



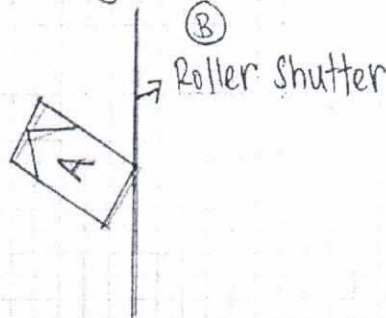
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Shaw House B1 (Loading Bay)



(A) YP 5611Z

(B) Roller Shutter

**Describe Circumstances of the Accident**

On 06-05-2021 at about 9:30hrs, I accidentally hit and damaged the roller shutter when navigating my vehicle at loading bay.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

CHYE

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

*[Signature]* 10/05/2021

Date of Accident : 06-05-2021 Accident Time: 09:30hrs (24-HR-Format)  
 Accident Place : Shaw House B1 (Loading Bay)  
 Vehicle. No. (Car Plate No.) : YP5611Z Make/Model: Mitsubishi Canter Feb 2005  
 Insurance Company : Longac Insurance Policy No: Z21VC05006839  
 Owner or Company Name / IC No. : Liban Enterprise Pte Ltd (201204164K)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 62231171 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Lim Yiat Chye (S0359594C)  
 DRIVER'S Date Of Birth : 01-08-1948 DRIVER'S License Pass Date 16-02-1966  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : B1K 126B Edgedale Plains #03-354 S(822126)  
 DRIVER'S Contact No./ Alt No. : 1) 87882606 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
 Email Address : junhee.lim@liban.com.sg  
 Weather & Road Surface : (CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : (Reporting Only) Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02  
 Was there any video Captured by car camera: YES \ (NO)  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)  
 Any Injury (If YES, Pls state): No.

**Other Party Driver's Particular (if any)**

Vehicle. No: _____	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**



**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
ROAD TRANSPORT ACT 1987 (MALAYSIA).  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z21VC05006839

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI CANTER  
- YP5611Z

2. Name of Policy Holder

LIPAN ENTERPRISE PTE LTD

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

09/03/2021

4. Date of Expiry of the Insurance

08/03/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILEST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 2,000.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : DAIMLER FINANCIAL SERVICES AFRICA &amp; ASIA PACIFIC LTD

CHIEF EXECUTIVE  
(Singapore Branch)

User ID: XLCHEN

Date Issued: 29/01/2021

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	164K

### Vehicle Details

Vehicle No.:	YP5611Z
Vehicle to be Exported:	No
Intended Deregistration Date:	10 May 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21CR3SDEB
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	4P10C14678
Chassis No.:	FEB21CA20052
Maximum Power Output:	-
Open Market Value:	\$32,454.00
Original Registration Date:	09 Mar 2017
First Registration Date:	09 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$1,623.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	08 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$46,293.00
COE Rebate Amount:	\$26,966.00
<b>Total Rebate Amount:</b>	<b>\$26,966.00</b>

The information contained herein is correct as at 10 May 2021

OK